

ARYAVART BANK <u>PENSION APPLICATION FORM</u> (TO BE FILLED IN BLOCK LETTERS)

Recent Photograph of applicant

| APPLICANT NAME | |
|--|---|
| RELATION WITH EMPLOYEE | |
| PF NO./EMP ID | |
| NAME OF EMPLOYEE | |
| DATE OF BIRTH | |
| DATE OF JOINING | |
| MODE OF EXIT FROM SERVICE (SELECT THE APPLICABLE OPTION & ENCLOSE COPY OF ORDER, IF ANY) | RETIREMENTRESIGNATIONVRSCRSDISMISSEDREMOVALTERMINATION FROM SERVICEDECEASEDANY OTHER (Please Specify) |
| DATE OF EXIT FROM SERVICE | |
| CADRE ON EXIT FROM SERVICE | |
| LAST BRANCH / OFFICE | |
| RO FROM WHERE RETIRED | |
| MOBILE NO. | |
| REASON, WHY PENSION NOT ISSUED EARLIER: | |
| GENDER | |
| PENSION ACCOUNT NO. (ARYAVART BANK) | |
| SELF ADHAR CARD NO. | |
| SELF PAN CARD NO. | |
| BASIC PAY ON RETIREMENT | |
| AVERAGE LAST 10 MONTH BASIC PAY | |
| ADDRESS WITH PIN CODE | |
| COMMUTATION REQUIRED (YES / NO) | |
| NAME OF ERSTWHILE BANK JOINED | |
| NAME OF SPOUSE/NOMINEE* | |
| DETAILS OF PENALTY, IF ANY (Letter No. & Date of penalty order) (Copy to be enclosed) | |

| NO. OF LWP/LOP DAYS, IF ANY | |
|----------------------------------|------|
| PERIOD OF SUSPENSION, IF ANY | |
| | |
| CADRE ON WHICH JOINED | |
| DATE OF FIRST PROMOTION | |
| DATE OF SECOND PROMOTION | |
| DATE OF THIRD PROMOTION | |
| DATE OF BIRTH OF SPOUSE/NOMINEE* | |
| SPOUSE'S/NOMINEE* MOBILE NO. | |
| SPOUSE/NOMINEE* ADHAR CARD NO. | 25 |
| SPOUSE/NOMINEE* PAN CARD NO. | |
| EPFO PENSION STARTED (YES / NO) | |
| EPFO PPO NO. | |
| EPFO PENSION AMOUNT | × |
| EPFO FAMILY PENSION AMOUNT | ell' |

* Details of nominee is to be filled, if spouse is expired.

DETAILS OF FAMILY MEMBERS

| SL. NO. | NAME | RELATION SON / DAUGHTER | DOB | MARRIED YES / NO |
|---------|--|-----------------------------------|-----|---------------------|
| 1. | | | | |
| 2. | | 0103 | | |
| 3. | | Y N | | |
| 4. | 600 | 7 | | |
| 4. | 104 | | | |
| 5. | Sall Contraction of the second s | | | |
| | | | | |

Signature of applicant

Date: Seal of RO

Signature

Sear of KO

Date:

Ro Pension Cell Incharge/Nodal

Regional Manager

• All enclosures shall be duly authenticated by the RO officials under their name, emp id & seal of the department.

Acknowledgement

Received application for pension from Shri /Smt /Kum ____ ___ under "Aryavart Bank (Employees') Pension (Amendment) Regulations, 2024"

Place : Date :

(Signature of Designated Authority)